

Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME

Padilla Industries, Inc.

ADDRESS

11 Cuervo De Vaca Dr.

CITY

Santa Fe

STATE

NM

ZIP CODE

87507

PHONE

505-474-5511

FAX

505-474-5523

EMAIL:

Patpadilla@aol.com

PRIMARY CONTACT:

Pat Padilla

TYPE OF CONSTRUCTION WORK (Check all that apply)

☐ General----List Primary Expertise Roads, utilities, erosion control, diversion dams, & reforestation/thinning

☒ Site Work

☐ Structural

☐ Carpet

☐ Mechanical

☐ Demolition

☐ Steel Fencing

☐ Roofing

☐ Clean Room

☒ Exterior Utilities

☐ Masonry

☒ Building

☐ Fire Protection

☐ Paint

☒ Mechanical (HVAC/Plumbing)

☒ Electrical

☐ Nuclear Facility

COMPANY PROFILE:

How many years has your organization been in a business as a construction contractor?

8 years

How many years has your organization been in the construction business under its present business name?

8 years

Under what former names has your organization operated?

None

List the names and titles of the key individuals of your organization, years with firm, educational training and qualifications.

Wanda Ross Padilla – 8 yrss. – Owner, BS ED., MSED, DPA.

Patrick Padilla, 8 yrs. – President, BSME, MSNE.

List the categories of work that your organization normally performs with its company personal.

Utilities – Water, Sewer, concrete, Structure, Gabion Structure & Diversions, steel buildings.
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List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal

List your Trade References

Four Corners Materials - Farmington, NM
Lake Steel - Amarillo, TX
Bubble City - Farmington, NM

List your Surety company or your banking affiliates.

Bank of America
Wells Fargo

What is your organization's current bonding rate?

Single _____ Aggregate X

Has your firm entered into a contract that had to be completed by your surety within the past five years?

Yes ☐ No ☒

List your Contractor's New Mexico license classification(s):

GS16 GS04 GF09 GS08 GA01 MS03

Safety History:

List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period.

____ Ask for attachment _____

Rate Type: Interstate X , In-State _____, Monopolistic _____

Insurance Carrier:

Builders Trust

What is your firm's North American Industrial Classification System (NAICS) code?

SIC Codes 3272, 3444, 3740

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.

☐ Woman owned ☒ Small Business ☐ Small Disadvantaged ☒ 8(a) ☐ Large ☐ Veteran
☐ Disabled Veteran ☐ HUBZone
Present number of employees
☒ 1-20 ☐ 21-40 ☐ 41- 60 ☐ 61 – 100 ☐ Over 100